



Complete Summary

TITLE

Gastroesophageal reflux disease (GERD): percentage of patients aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and gastrointestinal (GI) bleeding.

RATIONALE

To determine a treatment plan for a patient with gastroesophageal reflux disease (GERD), the physician should assess and document whether or not the patient has

alarm symptoms. These symptoms are suggestive of possible cancer, and should be addressed with further diagnostic testing when present.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Further diagnostic testing (including endoscopy, proton pump inhibitor [PPI] trial, ambulatory pH monitoring, or other tests) is recommended in the following:

- Patients with alarm symptoms (referral for further testing should be immediate). Alarm symptoms are those that suggest cancer. Alarm symptoms include dysphagia, odynophagia, weight loss, hematemesis, black or bloody stools, chest pain, or choking (acid reflux causing coughing, hoarseness, or shortness of breath). (Veterans Health Administration [VHA])

Alarm features should be sought in all patients presenting with dyspepsia. If alarm features are present, endoscopy should be performed (suggested time frames for urgency of endoscopy are provided with each of the alarm features listed). (Institute for Clinical Systems Improvement [ICSI])

PRIMARY CLINICAL COMPONENT

Gastroesophageal reflux disease (GERD); alarm symptoms (involuntary weight loss, dysphagia, gastrointestinal [GI] bleeding)

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with the diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and gastrointestinal (GI) bleeding

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VHA/DoD clinical practice guideline for the management of adults with gastroesophageal reflux disease in primary care practice.](#)
- [Initial management of dyspepsia and GERD.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Chey WD, Inadomi JM, Booher AM, Sharma VK, Fendrick AM, Howden CW. Primary-care physicians' perceptions and practices on the management of GERD: results of a national survey. Am J Gastroenterol 2005 Jun;100(6):1237-42. [PubMed](#)

Lacy BE, Crowell MD, Riesett RP, Mitchell A. Age, specialty, and practice setting predict gastroesophageal reflux disease prescribing behavior. J Clin Gastroenterol 2005 Jul;39(6):489-94. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with the diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with the diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation

Exclusions

Documentation of medical reason(s) for not assessing for alarm symptoms

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and gastrointestinal (GI) bleeding

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #1: assessment for alarm symptoms.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Gastroesophageal Reflux Disease \(GERD\) Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and the Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

MEASURE AVAILABILITY

The individual measure, "Measure #1: Assessment for Alarm Symptoms," is published in the "Gastroesophageal Reflux Disease (GERD) Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 26, 2007. The information was verified by the measure developer on October 26, 2007.

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